Chaseborough House Care Limited

Chaseborough House

Inspection report

Village Hall Lane
Three Legged Cross
Wimborne
Dorset
BH21 6SG

Tel: 01202822908

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 6 July 2016. It was carried out by one inspector.

Chasebourough House provides residential care for up to 16 older people. There were 12 people living in the home at the time of our visit, some of whom were living with dementia.

The owner was also the registered manager; they were supported by a deputy manager. The deputy manager assisted us throughout the inspection and was joined part way through by the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
People and relatives were positive about the home and told us staff were friendly and caring. One relative told us they were confident their relation was safe living in the home. Staff understood their responsibilities in keeping people safe and were able to describe to us how they would recognise actual or potential abuse and what actions they would take. People had their risks assessed and if a risk was identified a plan was developed to minimise the risk of harm.

Staff were proud of the charity work that the home was involved in. People and their relatives were invited to contribute to organising and participating in events such as tea dances and funds raised were donated to a chosen charity. This helped maintain links with the local community.

The registered manager had identified areas for improvement which included refurbishment of the home. Some rooms had already been completed. There were plans to refurbish a small lounge area into a reminiscence room; the plans included decorating it in 1950's style with memorabilia associated with that era. A mini bus had also been purchased which enabled trips out to be organised regularly. One person told us they had been out on trips which they enjoyed.

There was a range of social and leisure activities which included quizzes, tai chi, Zumba and craft work. Peoples craft work was on display one person's work had been put on permanent display. People were asked for their suggestions and staff were encouraged to lead on activities which they had an interest in.

Feedback was obtained in a number of ways. The registered manager told us they had regular contact with people and their families and had informal discussions with them. There was also a suggestion box and regular social events and meetings as well annual quality questionnaires. One relative told us they attended meetings and felt they could make suggestions if they wanted to.
The home was regularly reviewed and improvements were made. This meant the care and support people

received was audited and improvements made. There were systems in place to ensure that medicines were stored and administered correctly.

Staff told us they received enough training to enable them to do their jobs. They felt supported by senior staff and one staff member told us they enjoyed working at the home and felt management were approachable. They experienced the team as friendly and welcoming. There was a system for ensuring staff completed mandatory training and staff had an annual appraisal and further learning was supported.

Staff considered there were enough staff to meet people's needs. People told us they were unhurried and staff took their time. We observed staff sitting with people on a one to one and in a group situation. People were relaxed in staff company.

People received personalised care, staff were respectful of their individual likes, dislikes and preferences and people were offered choices. One person told us they were offered a choice at meal times and if they didn't want what was offered they could request an alternative. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and assessments of people's capacity had been consistently been made. The registered manager had made appropriate referrals to the local authority for a Deprivation of Liberty Safeguard (DoLS) where it was appropriate.

People had access to healthcare when they needed it and we saw there had been appointments with a range of healthcare professionals. One person told us staff were responsive when they had been feeling unwell which including seeking medial input and notifying their relative.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were sufficient staff to meet people's needs and people told us they felt unhurried.

There were systems in place to ensure medicines were administered and stored correctly.

People's risks were assessed and care was delivered to minimise the risks to people.

People were at reduced risk from harm and abuse. Staff were aware of how to identify and respond to actual or potential abuse.

Is the service effective?

Good

The service was effective. Staff had the necessary skills to meet people's needs and were supported to undertake further learning.

People had choices at mealtimes such as what to eat and where to sit. People could request alternatives from the menu.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and how this applied to their daily work.

People had access to healthcare from a range of healthcare professionals.

Is the service caring?

Good

The service was caring. Staff were friendly and caring towards people and their relatives.

People had their privacy and dignity maintained. Staff were respectful and supported people to maintain their independence.

People were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive. People received personalised care and engaged in activities that interested them.

Activities were varied and organised based on people's interests and their needs. There were regular trips organised outside of the home.

People told us they knew how to raise concerns. Complaints were logged and responded to promptly in accordance with the policy

Is the service well-led?

Good

The service was well led. Management were visible and approachable. Feedback was encouraged and an open culture was promoted.

There were on-going improvements in the home as part of a development plan.

There were systems in place to monitor the quality of the service and to ensure improvements were on-going.

Chaseborough House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 July 2016; it was carried out by one inspector and was unannounced.

Before the inspection we received a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people and two relatives. We also spoke with five staff which included the registered manager, deputy manager and three care workers as well as a visiting healthcare professional. We looked at three care records and a sample of the Medicine Administration Records (MAR) and two staff files. We also contacted a representative from the local authority quality improvement team.

We looked around the service and observed care practices throughout the inspection. We saw four weeks of the staffing rota, staff training records, and other information about the management of the service. This included accident and incident information, emergency evacuation plans and quality assurance audits.

We used the Short Observational Framework for Inspection (SOFI).This is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home and were confident staff would protect them from harm. One person commented they were lucky to have found the home and they felt secure living there, they had no concerns about safety. One relative told us "My (relation) is so much safer here-I have absolute confidence they are safe." There were procedures in place to ensure that if people were at risk of actual or potential abuse actions would be taken. Staff understood what abuse was and the signs that may indicate if someone had been abused. Staff described physical symptoms such as bruising as well as psychological signs such as withdrawal. Staff were aware of how to report abuse and told us they were confident in doing so. Safeguarding procedures and contact details were on display in the reception area. The deputy manager told us there had not been any safeguarding incidents and this was confirmed by a representative of the local authority.

People were supported by enough staff who knew them well. The deputy manager told us that several people who lived in the home were independent with their personal care, there were three care workers on shift during the day which meant staff had time to organise activities and spend time with people. We saw care workers were unhurried for example they were sat in the communal areas participating in activities or on a one to one with people. One member of staff told us "I never feel rushed." One person told us staff always gave them the time they needed. Overnight there was one waking care worker, the registered manager was onsite and available if needed or if they were away there was a sleep in member of staff. Relevant checks were carried out on new staff before they started work. For example checks with the Disclosure and Baring Service were undertaken to ensure that staff were suitable for working with vulnerable people. Other information such as previous employment and references were obtained. Staffing rosters showed staff were consistently provided at the assessed level.

People's medicines were stored, administered and recorded safely. People received their medicines when they needed them and at the correct times. The staff who administered medicines had been suitably trained. We saw staff remained with people and offered them a drink when administering medicines. The provider had a system to audit medicines received and dispensed in the home. This ensured that people were given their medicines safely and provided checks if there were any medicine errors or omissions were identified quickly and rectified.

People's risks were assessed as part of the care planning process. If a person had a risk identified a plan was developed to ensure care was provided safely and the person's risk of harm was minimised. A variety of risks were assessed such as mobility, skin integrity and nutrition. We saw plans provided staff with sufficient guidance to manage risks, such as guidance on the correct equipment a person needed in order to remain independent with their mobility. Risks were managed in such a way as to enable people freedom to make choices. For example one person had chosen to have their bedroom window open at night. Staff had completed a risk assessment which clarified the potential risk and a plan was developed which respected the person's right to make choices and provided guidance to staff for them to be able to manage the risk safely.

Accidents and incidents were reported in accordance with the service policy, this was monitored by a monthly analysis report which was an opportunity to highlight any patterns in accidents or incidents. There had not been any patterns identified however we saw that learning had taken place and actions put in place to avoid reoccurrences of accidents and incidents. For example one person had a change in mobility equipment and another person had changes in the layout of their room.

The home and peoples equipment was safely maintained and there was a refurbishment programme underway. Some bedrooms had already been redecorated and had new carpets and some bathrooms had also been completed. There were health and safety checks which included water temperatures and legionella testing. When a risk was identified such as the hot water in one tap exceeded the safe recommended hot temperature, there were actions put in place to manage the risk. We also saw regular checks of equipment including beds and mobility aids.

Good

Is the service effective?

Our findings

People had enough food and drink and were able to make choices such as where they would like to sit to eat to their meal or what they would like to eat. Food was freshly prepared on the premises and people told us it was good. One person commented "There is a good variety of food and a good choice." Another person told us they didn't have much of an appetite and didn't always want a full meal. They told us they were offered a choice of something else, their relative told us snacks were offered as an alternative to a full meal. People's dietary needs were catered for, such as one person was on a diabetic diet, which was reflected in their care plan and staff were able to describe the types of food the person was able to eat. We observed lunchtime during our inspection as peaceful and organised, condiments were available and people told us the food was served hot and was enjoyable.

Staff told us about their training and considered it equipped them with the right skills and knowledge to enable them to meet peoples care and support needs. One staff member told us they had recently completed training in administering medication, safeguarding and equality and diversity. Another member of staff told us they had completed an apprenticeship scheme and was now working towards a health and social care qualification. There was a system in place to ensure staff completed refresher training as necessary. All staff new to care work were enrolled on the Care Certificate which is a nationally recognised set of induction standards for staff new to care work to achieve. One member of staff told us the induction was very good and they felt they were given enough time to get to know people and the service.

Staff told us they were supported, one staff member told us "I get lots of supervision, it's organised for us but I can always get supervision if I need it." One member of staff talked about their annual appraisal and told us they had expressed an interest in developing activities which they were encouraged to complete. This meant staff were encouraged to develop their interests and contribute to improving care within the home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so by themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff told us how they supported people to make their own decisions such as explaining to them what their options were and giving people time to consider. We saw that people's mental capacity had been assessed and documented in their records. The registered manager knew when an application should be made for a DoLs and we saw they had followed the correct processes. They had made appropriate applications for DoLs which were waiting to be assessed by the local authority. Where a person required a decision to be made in their best

interests there was involvement from healthcare professionals and family.

People had access to healthcare when they needed it. We saw evidence of appointments with a range of healthcare professionals including district nurses, mental health team, chiropodist and GP's. One person told us staff responded quickly when they were feeling unwell, staff arranged for them to see a GP and their relative confirmed staff updated them promptly. Senior staff were required to accompany healthcare professionals when they visited people, this was confirmed by a healthcare professional during our inspection. The benefits of this were that recommendations could be explained and communicated more effectively and it improved the working relationships with the staff team and healthcare professional.

Good

Is the service caring?

Our findings

People and relatives were consistently positive about the home. Comments from people included: "I can't fault it-it's amazing." "It's wonderful here, staff are always friendly." "Staff are good fun, I was lucky to find this place; they are all a good friendly bunch." A relative told us they were greeted in a friendly manner by staff and were always made to feel welcome. They told us there were no restrictions on visiting their relation and they were encouraged to remain actively involved in their relation's life.

Staff talked about their job positively, one member of staff described the home as "A friendly little home, we all know each other and get on, I really enjoy working here." Staff told us when they were new they were welcomed by a friendly team of staff who were helpful and supportive. One staff member told us they gained a lot of satisfaction supporting people to be as independent as possible. They told us they had time to join in with activities or chat to people and it meant they could build up good relationships with them. We saw examples of staff sitting with people either on a one to one or in a group situation. People were relaxed in staff company and we saw informal conversations taking place. We observed staff using appropriate non-verbal communication to make contact with people and to demonstrate listening. For example use of eye contact and kneeling down to be at the correct level. Staff were patient and we heard one person having information repeated to them to ensure they understood. On person gave an example of how they experienced staff as going the extra mile. They told us they were out for the evening and when they returned their bedding had been pulled back for them and their commode had been placed in the position they preferred. They told us it was the little touches which made them feel cared for.

Staff were respectful of people's individual wishes and supported them to remain as independent as possible. They used different approaches to facilitate this. For example one person had written prompts to jog their memory. Another person had difficulties with their hearing and they had identified with staff that light touch on their arm was an effective way to communicate. Some people chose to spend time in their room; we saw that staff monitored people closely so that they did not become socially isolated. A relative acknowledged that their relation spent long periods in their room by choice but staff maintained constant contact with them.

People were supported to maintain their privacy and dignity. One person told us they never felt embarrassed with staff because staff treated them respectfully. They explained that sometimes they needed to ask staff the same question and staff always responded kindly. There was a dignity champion within the home who had completed additional training and provided staff with updates. People had made a dignity tree on national dignity day. This was an opportunity for people to talk with staff about what dignity meant for them. Staff were able to describe to us what was important for people, such as closing curtains during personal care. Following feedback from one person, all staff had been reminded to knock on doors before entering people's room. During our inspection we saw staff doing this.

People were asked about their preferences and what was important for them. One person had asked for female staff during personal care, their records confirmed this was arranged for them. Their religious beliefs were important to them and they were supported to maintain links with a local vicar who made regular

visits.

One staff member told us that senior staff managed bereavement sensitively. They told us they had been contacted before coming on shift to be informed of bereavement. They thought this was helpful as it prepared them for the loss before starting work. The deputy manager told us there were end of life care plans which supported people they also said that they provided a sitting service so that people were not alone at the end of life. We saw people had been asked about their preferences for end of life care one person had chosen not to talk about it or make plans and this was respected.

Good

Is the service responsive?

Our findings

People were asked for their views on the service in a variety of ways. This included meetings for people and their families which the provider told us coincided with social events, quality questionnaires and a suggestion box. The provider also told us that as they were a small home they were able to have frequent conversations with people and seek their views and opinions. One relative told us they attended meetings on a regular basis and found them useful; they felt it was an open forum in which they could make suggestions. Feedback from quality questionnaires was assimilated and actions were completed. For example the majority of feedback was positive however one person had requested more baths which had been actioned. We looked at a sample of comments in the suggestion box and these were positive comments about the home. For example "Wonderful caring team."

People told us they had enough to do. One person told us the home had recently purchased a minibus and they had been on several trips out. They told us there were social events organised such as to celebrate the Queen's birthday. There had also been a Hawaiian social night. Another person told us activities were well thought out and planned. There was an active social programme which included trips out, quizzes tai chi, Zumba, caring canines and craft work. We saw people's craft work was on display and one person's had been put on the wall permanently. The deputy manager told us they encouraged staff to develop ideas for activities based on their own interests so that they could take ownership of the activity and in order for people to have a wider choice. People were invited to make suggestions about activities as well. Staff were encouraged by senior staff to be proactive when offering activities in order to motivate people and provide stimulation. During our inspection we saw staff facilitating a quiz and several people were joining in. The deputy manager told us they had a quiz comprising of 100 questions refreshed each week so that there was always a new challenge for people. As well as this some activities were organised specifically to jog people's memories such as a memory box which was replaced fortnightly. Some events took time to plan and organise and the provider told us people were actively involved in the preparation.

The deputy manager told us they had replaced the care planning system with new documentation. This had been an opportunity to ensure people's care plans were current and based on their assessed needs. We saw the care people received was reflected in their care plans and there was sufficient guidance for staff. We saw care plans indicated the frequency of the review period and people and their relatives where appropriate had been involved in the review. Care plans were checked monthly to ensure they had been completed correctly and that they continued to meet people's needs.

People received a personalised service. Feedback we received from people included, "I decide when I'm going to bed." As well as "They asked me what I liked and disliked-I told them and they remembered." People had chosen to personalise their rooms to varying degrees one person commented that it was important for them to have personal items on display. Staff were able to tell us about peoples likes and dislikes which was confirmed in people's care plans. For example one person's food preferences and another persons' interest in television.

People and their relatives told us they knew how to raise concerns or make a complaint. The provider had a

complaints policy which informed people what they needed to do to make a complaint and the timescales for it to be rectified. We saw a complaint had been received and the registered manager dealt with it promptly and the matter was clarified with no further actions required

Good

Is the service well-led?

Our findings

People and their relatives and staff told us the home was well led. One person commented "It is run ship shape." Staff told us management were approachable and one staff member told us "Management are brilliant, I always feel comfortable approaching them and feel I can talk with them." A relative remarked they were very happy with how the home was managed.

The registered manager and deputy manager were proud of the charity work which was organised by the home and the opportunities that it provided in maintaining links with the local community. For example a tea dance in the local community hall and a summer fete, both successfully raised money for a particular charity.

The provider told us about on-going improvements they planned to make. They had started a refurbishment programme and some rooms were completed. Future developments included creating a reminiscence room and they planned to have the walls painted in themes from the 1950's sourcing memorabilia from that time, to provide stimulation and facilitate conversations with people.

The provider told us they listened to staff views and had taken action following feedback they had received form staff. For example they had bought in a new system for booking annual leave to ensure that all staff were treated fairly.

Staff talked about the home as a friendly place to work and the deputy manager reiterated that it was small enough to get to know people and staff well and areas for improvements could be easily identified. There were systems in place for monitoring the quality of the service people received. There were regular checks carried out which included medicine audits, care plans, infection control and catering. We saw actions had been completed following these checks. For example spillage kits had been ordered following an infection control audit and a form had been developed to ensure night security checks were robust. This meant that areas for improvement were highlighted and actions plans developed to ensure improvements were made.

The management team had identified areas of responsibilities within the home. They had developed champion roles in certain areas such as dignity, dementia, safeguarding, medicines and health and safety. The champion for these areas of responsibilities increased their knowledge so that they could keep staff updated. For example the deputy manager was also dignity champion and told us they were committed to ensure people were supported to maintain their dignity. They had organised events such as participating in national dignity day in order to raise awareness. This demonstrated to us that there was good management and leadership within the home.

The provider kept people, relatives and staff updated on developments and activities in the home through meetings, informal discussions and also a quarterly newsletter. For example people and their relatives were given feedback on the most recent quality assurance survey with key actions such as improving activities. We saw staff had been given feedback following the survey. One area for improvement which had been identified was for staff to not have personal conversations during their work time. We saw management had

addressed this.